



# LAKE HAVASU CITY ANNOUNCES AN EMPLOYMENT OPPORTUNITY

## POLICE OFFICER/POLICE OFFICER TRAINEE

### POLICE DEPARTMENT

Salary: \$19.61/hourly (Police Officer)

\$17.83/hourly (Police Officer Trainee)

Open-Competitive

FLSA Non-Exempt Position

\*For the purpose of establishing an eligibility list.

**EXPERIENCE AND TRAINING:** High school diploma or general equivalency diploma (G.E.D.) preferably supplemented by course work in criminal justice, and/or military service experience; or, an equivalent combination of education and experience sufficient to successfully perform the essential duties of the job as listed.

**JOB RELATED & ESSENTIAL QUALIFICATIONS:** **KNOWLEDGE OF:** federal, state, local and vehicle laws and ordinances; laws of arrest; police procedures; crime prevention techniques; criminal behavior; emergency response techniques; health and safety codes; radio communication and procedures. **SKILL IN:** writing technical reports; handling people in all types of situations; responding to emergencies; using force to stop or prevent equal or greater force; administering first aid; gathering information and evidence; using equipment such as two-way radios, police vehicles and weapons; using office equipment such as phones, copiers and fax machines; using computers and related software applications; communication, interpersonal skills as applied to interaction with coworkers, supervisor, the general public, etc., sufficient to exchange or convey information and to receive work direction. **ABILITY TO:** deal firmly and courteously with the public; communicate effectively, both orally and in writing; maintain required records and prepare reports; analyze situations quickly and objectively and determine proper courses of action; establish and maintain effective working relationships; meet such physical requirements as may be established by competent authority; and, perform specialized assignments as directed. **PHYSICAL ABILITY TO:** climb, balance, stoop, kneel, crouch, crawl, reach, stand, walk, push, pull, lift, finger, grasp, feel, talk, hear, see, perform repetitive motion; and maintain regular attendance. **VISUAL ABILITY:** sufficient to operate a police vehicle by both day and night; to observe criminal actions taking place; to observe traffic violations taking place; to read and write reports, correspondence, etc. **HEARING ABILITY:** sufficient to understand radio transmissions, conversations with other individuals both in person and over a telephone. **SPEAKING ABILITY:** sufficient to communicate effectively with other individuals in person, over a telephone, and over a radio. Freedom from mental disorders that would interfere with performance of duties as described.

**NOTE: IT IS THE RESPONSIBILITY OF AN APPLICANT WITH A DISABILITY REQUIRING ACCOMMODATION IN THE SELECTION PROCESS TO CONTACT HUMAN RESOURCES TO REQUEST SUCH AN ACCOMMODATION PRIOR TO THE CLOSING DATE OF THIS RECRUITMENT.**

**JOB RELATED AND ESSENTIAL DUTIES:** Responsible for enforcing federal, state and local laws and ordinances. Patrol assigned area in a marked patrol car, direct traffic for special events and emergency situations, make a police presence known, enforce vehicle and traffic laws, conduct accident investigations, detect and prevent criminal activity, transport prisoners, take reports, collect and preserve evidence, apprehend criminals and offenders, answer and respond to radio calls for assistance, assist other law enforcement agencies and fire department, conduct V.I.N. inspections, act as the jailer, and collect intelligence information. See attached class specification.

**SPECIAL REQUIREMENTS:** Must be 21 years of age, a United States citizen and Arizona P.O.S.T. Board Certified as a police officer or ability to obtain Certificate. Possession of a valid Arizona driver's license prior to employment.

**SCREENING/EXAMINATION PROCESS:** The City reserves the right to consider only the most highly qualified applicants for the succeeding examination processes: Written Examination/Essay, Oral interview, Physical Agility Test, Polygraph Examination, Psychological Examination, Extensive Background Check, Post-Employment Medical Examination/Drug Screen. See attachments for automatic and discretionary disqualifying conditions.

TESTING WILL BE SCHEDULED ON AN AS NEEDED BASIS; CHECK OUR WEBSITE FOR SPECIFIC DATES

**APPLY TO:** Obtain and submit a completed application and AZPOST packet to:  
Lake Havasu City Human Resources Department  
2330 McCulloch Blvd. North  
Lake Havasu City AZ 86403

PHONE 928/453-4143; FAX 928/453-4154; TDD 928/855-3945; [www.ci.lake-havasus-city.az.us](http://www.ci.lake-havasus-city.az.us)

**FILING DEADLINE:** Applications accepted on a continuous basis.

Recruitment #CRT07-08

Posted: 7/1/06

COMPLIANCE WITH AMERICANS WITH DISABILITIES ACT (ADA); WITH PRIOR NOTICE TO THE HUMAN RESOURCES DIVISION REGARDING TESTING OR JOB PERFORMANCE MODIFICATIONS. THE CITY WILL MAKE EVERY ATTEMPT TO OFFER REASONABLE ACCOMMODATIONS FOR QUALIFIED APPLICANTS AND EMPLOYEES WITH DISABILITIES.

*The City of Lake Havasu is an Equal Opportunity Employer*

**Lake Havasu City Employment Website: [www.ci.lake-havasus-city.az.us](http://www.ci.lake-havasus-city.az.us)**

## LAKE HAVASU CITY INFORMATION

### EQUAL EMPLOYMENT

#### OPPORTUNITY:

All applicants will be considered for employment without regard to race, color, religion, sex, national origin, age, disability or any other non-merit factor. Employment shall be based upon merit and ability and free of unlawful and political considerations.

#### HOW TO APPLY:

Follow instructions on job bulletin and application. Applications must be submitted or postmarked before the closing date specified on the job bulletin.

#### MEDICAL EXAMINATIONS:

The City Physician, through medical examinations, may determine the physical fitness of individuals selected for employment.

#### VACANCIES:

Classified positions may be filled from an established eligibility list. Unclassified positions do not require posting.

#### PROBATION:

Each employee selected for a classified full-time authorized position must satisfactorily serve an established probationary period.

#### PERFORMANCE INCREASES:

Classified full-time employees are eligible for consideration for increase based on individual performance.

#### RESIDENCY REQUIREMENT:

All employees of Lake Havasu City must establish and maintain residence within a reasonable radius of the workplace.

### EMPLOYMENT ELIGIBILITY

#### VERIFICATION:

Lake Havasu City will require documentation of the legal right to work in the United States as required by the Immigration Reform and Control Act upon hire.

#### STARTING SALARY:

New employees will normally be hired at the first step of their salary range.

### THE CITY BENEFIT PROGRAM INCLUDES:

- 10 days paid vacation annually
- 10 paid holidays annually
- 1 floating leave day annually
- Sick Leave Incentive Pay
- Paid employee health and dental insurance
- Paid life insurance
- Paid accidental death and dismemberment insurance
- Optional Vision insurance
- Optional Supplemental Group Universal Life Insurance
- Optional Cancer and Hospital Intensive Care Insurance
- Wellness Program
- Retirement Benefits
- Optional Deferred Compensation Program
- Tuition Assistance
- Social Security benefits
- Service Awards

### MISSION STATEMENT LAKE HAVASU CITY, ARIZONA

Our mission is to serve the citizens of Lake Havasu City, to improve the quality of life for all, and to promote community spirit and pride.

We believe in:

#### LOYALTY

To our community, to the organization, and to each other

#### COURTESY

In providing high quality services for all

#### INNOVATION

In planning for a progressive community

#### RESPONSIBILITY

To provide a safe and pleasant environment

#### LEADERSHIP

Which is responsive to staff and community needs

#### SUPPORT

An environment that encourages economic opportunities

#### EFFICIENT

In maintaining and improving city services

#### STEWARDSHIP

In managing our natural resources

#### INTEGRITY

In preserving financial stability

#### ACCOUNTABILITY

By promoting individual responsibility and citizen involvement

To be a member of our team, you will need to support these core values by demonstrating them in your daily interactions with citizens and your teammates.

***Information contained herein is subject to change and does not constitute an expressed or implied contract. Any provision contained in the bulletin may be modified or revoked without notice.***



POLICE DEPARTMENT  
**Lake Havasu City**

2360 MCCULLOCH BLVD NORTH  
LAKE HAVASU CITY, ARIZONA 86403-5947

July 2006

**PROFILE OF LAKE HAVASU CITY  
and the  
LAKE HAVASU CITY POLICE DEPARTMENT**

Lake Havasu City is the home of the historic London Bridge, located on the Arizona-California border separated by the Colorado River. While tourism remains the major contributor to the economy of the community, there is a growing and diversified business base comprised of hundreds of thriving recreation, light manufacturing, information, communication and service companies. The city is 45 square miles and has a population of approximately 55,000.

Lake Havasu City is a master planned community with a safe, pollution-free family environment. Our location is within easy reach of southern California, Phoenix, Las Vegas and Mexico.



The Lake Havasu City Police Department is a progressive, technologically advanced department which demonstrates a commitment to the Community Oriented Policing principles of encouraging police/citizen partnerships in the process of problem solving and the maintenance and enhancement of community peace and order, the reduction of crime and the fear of crime, and the delivery of quality police services to all citizens.

The Department is comprised of 95 full-time sworn officers, 28 full-time non-sworn and 24 part-time non-sworn employees. Divisions and bureaus include:

➤ **ADMINISTRATION**

- Budgeting/Purchasing
- Personnel Management
- Grant Management

➤ **SUPPORT**

- Records Bureau
- Dispatch Center
- Detention Facility
- Building/Fleet Maintenance

➤ **INVESTIGATIONS**

- Criminal Investigations Bureau
- Special Investigations Bureau

➤ **PATROL**

- Beat patrols
- Watercraft patrols
- Bicycle patrols
- Quadrunner patrols
- Youth Services

The Lake Havasu City Police Department is the home of the Western Arizona Regional Crime Laboratory and hosts agencies such as the Drug Enforcement Administration, State Juvenile Parole, State Liquor License and Control, and the Mohave County Attorney's Office.



# Lake Havasu City, Arizona

## Police Department



**Currently Hiring Lateral  
and Entry Level Police Officers**



**Certified: \$40,789 – \$60,715 annually**

### **HIRING INCENTIVES:**

#### **Laterals:**

- ⇒ \$2,000 Signing Bonus
- ⇒ \$1,000 Moving Expense Reimbursement
- ⇒ \$1,000 or \$2,000 Bonuses for each current certification (please inquire as to which certifications qualify)
- ⇒ No cap on bonus awards
- ⇒ Written exam waived for in-state laterals
- ⇒ Certification challenge test available for qualified out-of-state laterals

#### **Entry Level:**

- ⇒ \$1,000 Signing Bonus
- ⇒ \$1,000 Relocation Reimbursement

### **STARTING SALARIES:**

#### **Laterals (based on years of experience):**

0—2 Years	\$40,789
2—4 Years	\$42,994
4—6 Years	\$45,178
6—8 Years	\$47,362
8+ Years	\$49,566

#### **Entry Level:**

Pre-AZ P.O.S.T. Certification	\$37,080
Post-AZ P.O.S.T. Certification	\$40,789

### **SHIFT DIFFERENTIAL PAY FOR:**

- ⇒ Swingshift 3%
- ⇒ Nightshift 5%

Patrol Division: 4/10 Shifts

### **MINIMUM REQUIREMENTS:**

**All Applicants:** Minimum 21 years of age; U.S. citizen; High school diploma or equivalent;  
Arizona P.O.S.T. certified or the ability to obtain certification, possession of a valid  
Arizona driver's license prior to employment

**Entry Level:** Must attend employer-sponsored 18-week police academy to obtain certification.



**For more information call: (928) 855-4884 or  
e-mail: [police@lhcaz.gov](mailto:police@lhcaz.gov)  
[www.ci.lake-havasus-city.az.us](http://www.ci.lake-havasus-city.az.us)  
Lake Havasu City is an Equal Opportunity Employer.**



**LAKE HAVASU CITY**  
**EMPLOYMENT APPLICATION**  
**HUMAN RESOURCES DIVISION**  
2330 McCulloch Boulevard North  
Lake Havasu City, AZ 86403  
www.ci.lake-havasus-city.az.us

PHONE: (928) 453-4143 / FAX: (928) 453-4154 / TDD: (928) 855-3945

*Lake Havasu City is an Equal Opportunity Employer*

Lake Havasu City promotes a Drug and Alcohol Free Workplace

**Important Instructions:** Do not e-mail your application. Your signed application will only be accepted in hard copy form with original signature. Mail or bring your completed application to Human Resources at the address above.

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>* Print neatly in ink or type.</li><li>* A resume can be included only as a supplement to the application. The application must be filled out completely.</li><li>* Read all information/disclaimers on this application.</li></ul> | <ul style="list-style-type: none"><li>* Sign the application.</li><li>* If you have any questions, please request assistance.</li></ul> |
|---|---|

Title of job you are applying for (*Use exact title listed in job announcement*):

Title: \_\_\_\_\_ Recruitment No. \_\_\_\_\_

Indicate lowest salary you will accept

\$

Check type(s) of work you will accept

- |                                    |                                    |   |
|------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Full-Time | <input type="checkbox"/> Part-time | <input type="checkbox"/> Intermittent (on-call) |
| <input type="checkbox"/> Temporary | <input type="checkbox"/> Seasonal  | <input type="checkbox"/> Shiftwork/weekends     |

Last Name

First Name

MI

Mailing Address (*Street or P.O. Box*)

City

State

Zip

Home Phone (*Include area code*)

Work Phone (*Include area code*)

Date available for employment

List name(s) and relationship(s) of any of your **relatives** currently employed by Lake Havasu City municipal government:

**Name**

**Relationship**

**Name**

**Relationship**

_____	_____	_____	_____
_____	_____	_____	_____

Preference claimed: Veteran or Widow of Veteran?

- ☐ Yes ☐ No (*Proof required no later than testing date. See Instruction No. 5 on page 4.*)

Are you a United States Citizen? ☐ Yes ☐ No

If no, do you have a permanent resident status?  
☐ Yes ☐ No (*Proof required at hire*)

**Criminal Convictions:** Have you been convicted of a crime within the past ten (10) years (excluding juvenile adjudication)? "Crime" is defined as all felonies, misdemeanors and serious driving offenses (e.g. DWI/DUI), but does not include minor traffic offenses. ☐ Yes ☐ No

**Traffic Violations:** Have you been convicted of a moving traffic violation within the past five years? ☐ Yes ☐ No

**If yes to either question above,** attach statement giving date(s), time(s), location(s), circumstance(s), and dollar amount of fine(s). Include any conditions of your parole and/or probation, if applicable. Moving traffic violations will only be considered if driving a vehicle is a job requirement. A criminal conviction is not an automatic bar to employment. Each case is considered on its individual merit. **LACK OF REQUESTED INFORMATION IS BASIS FOR REJECTING AN APPLICATION.**

Have you ever served in the armed forces? ☐ Yes ☐ No

Branch of Service: ☐ Air Force ☐ Army ☐ Coast Guard ☐ Marine Corps ☐ Navy

Dates of Service: Entered: \_\_\_\_\_ Discharged: \_\_\_\_\_

**OFFICE USE ONLY**

Recruitment # \_\_\_\_\_ Inactive Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

☐ ACCEPT ☐ REJECT Evaluator: \_\_\_\_\_

Scores:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: APPLICATION MUST BE SIGNED AND DATED ON PAGE 4**

**EDUCATION AND TRAINING**

**NOTE: THE APPLICATION MUST BE COMPLETED IN ITS ENTIRETY.  
DO NOT SUBSTITUTE THIS SECTION WITH A RESUME.**

*If more space is needed to adequately describe your experience, attach full sheets using the same format shown below.  
Include your name on each page.*

Driver's License No. & State: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration: \_\_\_\_\_  
Commercial Driver's License No. & State: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration: \_\_\_\_\_

**EDUCATION**

Indicate highest grade completed: Grade School: (1-8) \_\_\_\_\_ High School: (9-12) \_\_\_\_\_

High School graduate or GED? ☐ Yes ☐ No

Name of School, College(s) or University	Major	Credit Hours	Degree & Type	G.P.A.

Trade/Technical/Business School(s)	Course of Study	Diploma & Year

Professional License/Certification/Registration (e.g. Engineers, Technicians, etc.)  
(Attach copy if requirement of position being applied for)

Title	Issuing Board	State

List approximate speed: Typing \_\_\_\_\_ Shorthand \_\_\_\_\_  
(Certified copy of typing/shorthand speed may be attached if a requirement of position being applied for).

List fluency in languages other than English:

Language \_\_\_\_\_ Written ☐ Verbal ☐

**EMPLOYMENT HISTORY (SEE INSTRUCTION NO. 7 ON PAGE 4)**

Have you ever been fired from a job or asked to resign in lieu of termination? ☐ Yes ☐ No

If yes, describe circumstances \_\_\_\_\_

Current or most recent employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Your Title: \_\_\_\_\_

Major Duties:	% of Time	Employment Dates:			
		From	To	Total Yrs.	Mos.
1 _____					
2 _____		Full Time [    ] or Part Time [    ]			
3 _____		Last Monthly Salary \$ _____			
4 _____		Reason for Leaving _____			

Total must equal 100%

Number and Title(s) of people you supervised: \_\_\_\_\_

Machines/equipment you used: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Your Title: \_\_\_\_\_

Major Duties:	% of Time	Employment Dates:			
		From	To	Total Yrs.	Mos.
1 _____					
2 _____		Full Time [    ] or Part Time [    ]			
3 _____		Last Monthly Salary \$ _____			
4 _____		Reason for Leaving _____			

Total must equal 100%

Number and Title(s) of people you supervised: \_\_\_\_\_

Machines/equipment you used: \_\_\_\_\_

**EMPLOYMENT HISTORY (Continued)**

Previous Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Your Title: \_\_\_\_\_

Major Duties:	% of Time	Employment Dates:			
		From	To	Total Yrs.	Mos.
1 _____					
2 _____		Full Time [    ] or Part Time [    ]			
3 _____		Last Monthly Salary \$ _____			
4 _____		Reason for Leaving _____			

Total must equal 100%

Number and Title(s) of people you supervised: \_\_\_\_\_

Machines/equipment you used: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Your Title: \_\_\_\_\_

Major Duties:	% of Time	Employment Dates:			
		From	To	Total Yrs.	Mos.
1 _____					
2 _____		Full Time [    ] or Part Time [    ]			
3 _____		Last Monthly Salary \$ _____			
4 _____		Reason for Leaving _____			

Total must equal 100%

Number and Title(s) of people you supervised: \_\_\_\_\_

Machines/equipment you used: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Your Title: \_\_\_\_\_

Major Duties:	% of Time	Employment Dates:			
		From	To	Total Yrs.	Mos.
1 _____					
2 _____		Full Time [    ] or Part Time [    ]			
3 _____		Last Monthly Salary \$ _____			
4 _____		Reason for Leaving _____			

Total must equal 100%

Number and Title(s) of people you supervised: \_\_\_\_\_

Machines/equipment you used: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Your Title: \_\_\_\_\_

Major Duties:	% of Time	Employment Dates:			
		From	To	Total Yrs.	Mos.
1 _____					
2 _____		Full Time [    ] or Part Time [    ]			
3 _____		Last Monthly Salary \$ _____			
4 _____		Reason for Leaving _____			

Total must equal 100%

Number and Title(s) of people you supervised: \_\_\_\_\_

Machines/equipment you used: \_\_\_\_\_

### INSTRUCTIONS

- 1) Read the job announcement carefully before you apply. Job announcements contain special instructions and requirements. It is your responsibility to ensure that you meet those requirements. If you have not seen a job announcement, you can receive or view one by:
  - \*Visiting the Human Resources Division at 2330 McCulloch Blvd. N., Lake Havasu City, Arizona.
  - \*Visiting the Department of Economic Security
  - \*Calling the Human Resources Division at 928-453-4143.
  - \*Visiting our website at [www.ci.lake-havasu-city.az.us](http://www.ci.lake-havasu-city.az.us)
- 2) Do not substitute a resume for this application. Resumes may be attached only for additional information.
- 3) Print clearly in dark ink or type. Give complete and accurate information.
- 4) Complete a separate application for each job. Photocopies are acceptable, but original signatures are required. Write the exact job title as specified on the job announcement.
- 5) Veteran's preference may be used for all open-competitive examinations, but only for one promotional examination. Veterans' preference requires proof, i.e. DD214. Disabled veterans receive additional preference; letter from Veteran's Administration dated within last 6 months is required. Preference for being the widow of a veteran requires proof of marriage, military service and death. Qualified veterans who successfully pass a required written exam will receive 5 preference points added to their exam score. An additional 5 points may be given to qualified disabled veterans.
- 6) An applicant offered City employment will be required to take a controlled substance/alcohol screening test. Employment is contingent on passing the test. Certain positions require more extensive examinations, including, but not limited to, a physical examination, security clearance and/or polygraph examination.
- 7) Employment History Section. Be specific and complete. The information provided will be used to determine if you meet the minimum qualifications, and, if an examination is required, whether you will be admitted.
  - \* List your present or most recent experience first. Include all work history. Also list any related volunteer and/or unpaid experience.
  - \* List each job (including promotions) separately, even if it was within the same organization.
  - \* If you attach additional information sheet(s), include all of the information requested on the application, i.e. dates of experience, hours per week, etc.
  - \* If the hours per week on a job vary, use the average number of hours per week. Part-time experience is prorated according to the number of hours worked, using a 40-hour week as the standard for full-time work.
  - \* To receive proper credit, list the most important and/or time consuming duties and the percentage of time spent on each for each position. Percentages should add up to 100%. Do not include unimportant duties which are performed only occasionally.
- 8) Retain a copy of the application for your files. **The Human Resources Division does not supply copies.**
- 9) Submit the application as directed on the job announcement. Applications must be received by the final filing date specified on the announcement, or, if mailed, they must be postmarked by midnight of the final filing date. Additional information may not be accepted after the close of the filing period. Applications are not accepted via e-mail. The original, signed application must be received or mailed by the closing date of the recruitment.
- 10) Your application and all attachments become the property of the City and cannot be returned. Work samples, letters of recommendation and the like may be submitted with the application.
- 11) The incomplete or improper completion of an application may result in the application being rejected.
- 12) Contact Human Resources at the number listed in No. 1 above if you have any questions about completing the application or if there is any change to your name, address and/or telephone number.

### IMPORTANT

- 1) I declare that any statement in this application or information provided is true and complete. I understand that if I provide false information I may subject myself to disqualification or dismissal.
- 2) I attest that I have the legal right to reside and work in the country (*proof required upon hire*).
- 3) In connection with this application, I authorize Lake Havasu City and any agent acting on it's behalf to conduct an inquiry into any information related to my potential or continued employment with the City and authorize the release of any such information, including, but not limited to, any criminal conviction on my record. (*Check box below if you do not want your present employer contacted.*) I hereby release Lake Havasu City and any agent from any and all liability by reason of requesting such information from any person.  
☐ I request that you do not contact my present employer unless necessary to determine my qualifications for the position.

Signature (*Do not print*) \_\_\_\_\_

Date \_\_\_\_\_





## LAKE HAVASU CITY EMPLOYMENT APPLICATION

*Lake Havasu City is an Equal Opportunity Employer*

### TO ALL APPLICANTS - EQUAL EMPLOYMENT OPPORTUNITY SURVEY

The following information is used by Lake Havasu City Human Resources Division for research and statistical purposes only. Federal and state laws make it unlawful to discriminate in employment on the basis of race, color, religion, gender, national origin, disability or age. Your participation is voluntary and would be greatly appreciated. The information will be kept separate and confidential and will not be used to make any employment decision.

#### AGE GROUP

- |                                   |                                      |
|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Under 25 | <input type="checkbox"/> 40 - 44     |
| <input type="checkbox"/> 25 - 29  | <input type="checkbox"/> 45 - 54     |
| <input type="checkbox"/> 30 - 34  | <input type="checkbox"/> 55 and over |
| <input type="checkbox"/> 35-39    |                                      |

#### GENDER

- ☐ Male  
☐ Female

#### CHOOSE ONE ETHNIC GROUP WITH WHICH YOU MOST CLOSELY IDENTIFY:

- ☐ **American Indian or Alaskan Native.** (All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.)
- ☐ **Asian/Pacific Islander.** (All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Phillipine Islands and Samoa.)
- ☐ **Black.** (Not of Hispanic origin: All persons having origins in any of the Black ethnic groups.)
- ☐ **Hispanic.** (All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.)
- ☐ **White.** (Not of Hispanic origin: All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.)

Do you need an accommodation in the application or testing process for the job for which you are applying for any disability you may have?

(It is not necessary that you describe or identify the disability; only the type of accommodation required.)

- ☐ Yes ☐ No

If yes, please describe the type of accommodation required:

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#### PLEASE DESCRIBE HOW YOU LEARNED ABOUT THIS RECRUITMENT (Check one):

- |  |   |
|--|---|
| <input type="checkbox"/> Job Announcement              | <input type="checkbox"/> Dept. of Economic Security (Job Service) |
| <input type="checkbox"/> Human Resources Division      | <input type="checkbox"/> Ad in Newspaper or Professional Journal  |
| <input type="checkbox"/> Human Resources Job Info Line | <input type="checkbox"/> Community Service Organization           |
| <input type="checkbox"/> City Employee                 | <input type="checkbox"/> Other: _____                             |
| <input type="checkbox"/> Lake Havasu City Website      | _____   |

**REQUIREMENTS FOR EMPLOYMENT:** Upon request, and on or before date of hire, all new hires for City employment must provide the following:

- 1) Evidence of United States citizenship or registration as a legal alien in accordance with the Immigration Reform and Control Act of 1986.
- 2) Social Security Card and driver's license.
- 3) Fingerprint identification

# LAKE HAVASU CITY, ARIZONA

## CLASS SPECIFICATION

**CLASS TITLE: Police Officer**

BAND	GRADE	SUBGRADE
<b>B</b>	<b>2</b>	<b>3</b>
<b>DEPARTMENT:</b> Police	<b>ACCOUNTABLE TO:</b> Police Sergeant	<b>FLSA STATUS:</b> Non-exempt
<b>CLASS SUMMARY:</b> Incumbents are responsible for enforcing federal, state and local laws and ordinances. Duties include: patrolling assigned area in a marked patrol car, directing traffic for special events and emergency situations, making a police presence known, enforcing vehicle and traffic laws, conducting accident investigations, detecting and preventing criminal activity, transporting prisoners, taking reports, collecting and preserving evidence, apprehending criminals and offenders, answering and responding to radio calls for assistance, assisting other law enforcement agencies and the fire department, conducting V.I.N. inspections, acting as the jailer, and collecting intelligence information.		
<b>DISTINGUISHING CHARACTERISTICS:</b> This is the first level of a six level police officer series. The Police Officer is distinguished from the Senior Police Officer in that the Police Officer is not certified to conduct training and does not work in special programs.		

DUTY NO.	ESSENTIAL DUTIES: (These duties are a representative sample; position assignments may vary. The job description does not constitute an employment agreement between the employee and the City and is subject to change as needs and job requirements change.)	FRE-QUENCY	BAND/ GRADE
1.	Performs crime prevention and police service activities to include: enforcing federal, state and local laws and ordinances; responding to all calls; enforcing vehicle, traffic and parking regulations; patrolling assigned beat in order to ensure a high visibility police presence; apprehending criminal offenders; conducting property checks on vacant homes and closed businesses; directing traffic for special events and emergency situations; assisting lost/stranded citizens; relieving the Dispatchers; committing mental patients; providing CPR; and, conducting V.I.N. inspections.	Daily	B2
2.	Conducts investigations and interviews with suspects, victims and witnesses; provides counseling and offers referrals; acts as a jailer.	Weekly	B2

Rev. 8/04

# LAKE HAVASU CITY, ARIZONA

## CLASS SPECIFICATION

**CLASS TITLE: Police Officer**

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DUTY NO.	ESSENTIAL DUTIES: (These duties are a representative sample; position assignments may vary. The job description does not constitute an employment agreement between the employee and the City and is subject to change as needs and job requirements change.)	FRE-QUENCY	BAND/ GRADE
3.	Collects intelligence information.	Weekly	B2
4.	Performs other duties of a similar nature or level.	As Required	N/B

**Knowledge** (position requirements at entry):

Knowledge of:

- Federal, state, local and vehicle laws and ordinances;
- Laws of arrest;
- Police procedures;
- Crime prevention techniques;
- Criminal behavior;
- Emergency response techniques;
- Health and Safety Codes;
- Radio communication and procedures.

**Skills** (position requirements at entry):

Skill in:

- Writing technical reports;
- Handling people in all types of situations;
- Responding to emergencies;
- Using force to stop or prevent equal or greater force;
- Administering first aid;
- Gathering information and evidence;
- Using equipment such as two-way radios, police vehicles and weapons;
- Using office equipment such as phones, copiers and fax machines;
- Using computers and related software applications;
- Communication, interpersonal skills as applied to interaction with coworkers, supervisor, the general public, etc. sufficient to exchange or convey information and to receive work direction.

# LAKE HAVASU CITY, ARIZONA

## CLASS SPECIFICATION

### CLASS TITLE: Police Officer

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**Training and Experience** (position requirements at entry):

High School Diploma or General Equivalency Diploma (G.E.D.) preferably supplemented by course work in criminal justice, and/or military service experience; or, an equivalent combination of education and experience sufficient to successfully perform the essential duties of the job such as those listed above.

**Licensing Requirements** (position requirements at entry):

Positions require:

- Valid Arizona Driver's License;
- United States Citizenship;
- State certification as a Police Officer;
- Ability to pass a background examination.

**Physical Requirements:**

Positions in this class typically require: climbing, balancing, stooping, kneeling, crouching, crawling, reaching, standing, walking, pushing, pulling, lifting, fingering, grasping, feeling, talking, hearing, seeing and repetitive motions.

Incumbents may be subjected to work space restrictions, intense noises, travel and deadly weapons.

Very Heavy Work: Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects.

**Classification History:**

Draft prepared by Fox Lawson and Associates LLC (hkn)

Date: 05/98

Rev: 08/04 (skm)



**TO ALL POLICE OFFICER/TRAINEE APPLICANTS:**

Thank you for your interest in our employment opportunity. Please review the job bulletin and supplements carefully. These documents will be used to conduct an extensive background investigation into your personal history. Applicants will be required to take a polygraph examination to confirm the information in these documents and to determine other items of background information.

The following documents, which are included with your application packet, need to be COMPLETED IN FULL ACCORDING TO THE INSTRUCTIONS PROVIDED ON EACH FORM and returned with your completed Employment Application to the Human Resources Division. If a question does not apply to you, print or type "DNA" in that answer block. YOUR INCOMPLETE PACKETS WILL BE REJECTED.

- ✓ Release of Participation in the Physical Agility Examination
- ✓ Inquiry Waiver
- ✓ Disclosure of Intention to Obtain a Consumer Report for Employment
- ✓ AZ POST Statement of Personal History (MUST be notarized PRIOR to submittal)
- ✓ Copies of ALL applicable documents requested in the AZPOST Statement of Personal History as follows:
  - Birth Certificate
  - High School diploma or G.E.D. certificate
  - DD Form 214 showing type of discharge (Member 4 form)
  - Most current AZ POST continuing and proficiency training and firearms qualification (if you are currently an Arizona-certified peace officer)

**STATEMENT OF APPLICANT**

I understand that my application for Employment, when submitted, becomes the property of Lake Havasu City. Further, I understand that examination records and papers become the property of Lake Havasu City and are not reviewed by or returned to me.

In the event I do not successfully pass any portion of the examination process, I understand that I will be notified of my failure only, and that no specific information will be provided.

I have read, understand and agree to the forgoing.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

***Return this signed form along with your application to:***

Lake Havasu City  
Human Resources Division  
2330 McCulloch Blvd. North  
Lake Havasu City AZ 86403



## **RELEASE**

### **CONSENT AND RELEASE EXECUTED BY:**

\_\_\_\_\_  
(PLEASE PRINT NAME)

An applicant for the Police Officer/Trainee recruitment with the City of Lake Havasu, as Releaser to the City of Lake Havasu, its agent, employees and any other persons connected with the physical agility examination.

### **RELEASER UNDERSTANDS AND AGREES THAT:**

- 1) In consideration of the City of Lake Havasu permitting Releaser to participate in the Police Officer/Trainee physical agility examinations, Releaser hereby releases and forever discharges the City of Lake Havasu, its agents and employees and any other persons connected with the physical agility, from all claims, damages and cause of action that may arise from Releaser's participation.
- 2) Releaser agrees that no representation has been made regarding the success of said program.
- 3) This release shall be binding on the spouse of Releaser and on the children or wards of Releaser, and heirs, legal representatives and assigns and Releaser.
- 4) Releaser has read all of the terms of this instrument and understands that signing a complete release is bar to any claim resulting from participation in the Police Officer/Trainee physical agility examination.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

***Return this signed form along with your application to:***

Lake Havasu City  
Human Resources Division  
2330 McCulloch Blvd. North  
Lake Havasu City AZ 86403



CITY OF LAKE HAVASU, ARIZONA

INQUIRY WAIVER

I respectfully request, and authorize you to furnish to the City of Lake Havasu, Arizona, any and all information that you may have concerning grades, grade transcripts, work records, medical information, credit for financial status of reputation, personal references, and criminal history records, even though confidential or privileged in nature.

This information is to be used in determining my qualifications and fitness for a position I am seeking with the City of Lake Havasu.

I hereby release you, your organization and any others concerned, from any and all liability as a result of furnishing the requested information. Your cooperation in this matter is sincerely appreciated.

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Applicant Signature

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Date

***Return this signed form along with your application to:***

Lake Havasu City  
Human Resources Division  
2330 McCulloch Blvd. North  
Lake Havasu City AZ 86403



CITY OF LAKE HAVASU, ARIZONA

DISCLOSURE OF INTENTION  
TO OBTAIN A CONSUMER REPORT  
FOR EMPLOYMENT

I have been advised that in the event an adverse employment decision is made as a result of information obtained regarding my credit history, that I will be provided with a copy of the report and a written summary of creditors' rights in accordance with the Fair Credit Reporting Act section 604 (b)(2)(A), including the right to dispute inaccurate information on file with a credit bureau.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

***Return this signed form along with your application to:***

Lake Havasu City  
Human Resources Division  
2330 McCulloch Blvd. North  
Lake Havasu City AZ 86403



## INSTRUCTION AND INFORMATION SHEET FOR SF 180, REQUEST PERTAINING TO MILITARY RECORDS

**1. Information needed to locate records.** Certain identifying information is necessary to determine the location of an individual's record of military service. Please try to answer each item on the SF 180. If you do not have and cannot obtain the information for an item, show "NA," meaning the information is "not available." Include as much of the requested information as you can.

**2. Restrictions on release of information.** Release of information is subject to restrictions imposed by the military services consistent with Department of Defense regulations and the provisions of the Freedom of Information Act (FOIA) and the Privacy Act of 1974. The service member (either past or present) or the member's legal guardian has access to almost any information contained in that member's own record. An authorization signature, of the service member or the member's legal guardian, is needed in Section III of the SF180. Others requesting information from military personnel/health records must have the release authorization in Section III of the SF 180 signed by the member or legal guardian, but if the appropriate signature cannot be obtained, only limited types of information can be provided. If the former member is deceased, surviving next of kin may, under certain circumstances, be entitled to greater access to a deceased veteran's records than a member of the public. The next of kin may be any of the following: unremarried surviving spouse, father, mother, son, daughter, sister, or brother. Employers and others needing proof of military service are expected to accept the information shown on documents issued by the military service departments at the time a service member is separated.

**3. Where reply may be sent.** The reply may be sent to the member or any other address designated by the member or other authorized requester.

**4. Charges for service.** There is no charge for most services provided to members or their surviving next of kin. A nominal fee is charged for certain types of service. In most instances service fees cannot be determined in advance. If your request involves a service fee, you will be notified as soon as that determination is made.

**5. Health and personnel records.** Health records of persons on active duty are generally kept at the local servicing clinic, and usually are available from the Department of Veterans Affairs a week or two after the last day of active duty. (See page 2 of SF180 for record locations/addresses.)

**6. Records at the National Personnel Records Center.** Note that it takes at least three months, and often up to seven, for the file to reach the National Personnel Records Center in St. Louis after the military obligation has ended (such as by discharge). If only a short time has passed, please send the inquiry to the address shown for active or current reserve members. Also, if the person has only been released from active duty but is still in a reserve status, the personnel record will stay at the location specified for reservists. A person can retain a reserve obligation for several years, even without attending meetings or receiving annual training. (See page 2 of SF180 for record locations/addresses.)

**7. Definitions and abbreviations.** DISCHARGED -- the individual has no current military status; HEALTH -- Records of physical examinations, dental treatment, and outpatient medical treatment received while in a duty status (does not include records of treatment while hospitalized); TDRL -- Temporary Disability Retired List.

**8. Service completed before World War I.** National Archives Trust Fund (NATF) forms must be used to request these records. Obtain the forms by e-mail from [inquire@nara.gov](mailto:inquire@nara.gov) or write to the Code 6 address on page 2 of the SF 180.

### PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and Public Law 104-134 (April 26, 1996), as amended in title 31, section 7701. Disclosure of the information is voluntary. If the requested information is not provided, it may delay servicing your inquiry because the facility servicing the service member's record may not have all of the information needed to locate it. The purpose of the information on this form is to assist the facility servicing the records (see the address list) in locating the correct military service record(s) or information to answer your inquiry. This form is then filed in the requested military service record as a record of disclosure. The form may also be disclosed to Department of Defense components, the Department of Veterans Affairs, the Department of Homeland Security (DHS, U.S. Coast Guard), or the National Archives and Records Administration when the original custodian of the military health and personnel records transfers all or part of those records to that agency. If the service member was a member of the National Guard, the form may also be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he or she served.

### PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

Public burden reporting for this collection of information is estimated to be five minutes per response, including time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (NHP), 8601 Adelphi Road, College Park, MD 20740-6001. DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND COMPLETED FORMS AS INDICATED IN THE ADDRESS LIST ON PAGE 2 OF THE SF 180.

## REQUEST PERTAINING TO MILITARY RECORDS

To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type. If you need more space, use plain paper.

### SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

1. NAME USED DURING SERVICE (last, first, and middle)		2. SOCIAL SECURITY NO.		3. DATE OF BIRTH		4. PLACE OF BIRTH	
5. SERVICE, PAST AND PRESENT		(For an effective records search, it is important that all service be shown below.)					
		DATES OF SERVICE		CHECK ONE		SERVICE NUMBER DURING THIS PERIOD	
BRANCH OF SERVICE		DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	(If unknown, write "unknown")	
a. ACTIVE SERVICE							
b. RESERVE SERVICE							
c. NATIONAL GUARD							
6. IS THIS PERSON DECEASED? If "YES" enter the date of death.				7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE?			
NO YES				NO YES			

### SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

**1. REPORT OF SEPARATION** (DD Form 214 or equivalent). This contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. NOTE: If more than one period of service was performed, even in the same branch, there may be more than one Report of Separation. Be sure to show EACH year that a Report of Separation was issued, for which you need a copy.

An **UNDELETED** Report of Separation is requested for the year(s) \_\_\_\_\_

This normally will be a copy of the full separation document including such sensitive items as the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost. An undeleted version is ordinarily required to determine eligibility for benefits.

A **DELETED** Report of Separation is requested for the year(s) \_\_\_\_\_

The following information will be deleted from the copy sent: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.

### 2. OTHER INFORMATION AND/OR DOCUMENTS REQUESTED

**3. PURPOSE** (Optional - An explanation of the purpose of the request is strictly voluntary. Such information may help the agency answering this request to provide the best possible response and will in no way be used to make a decision to deny the request.) \_\_\_\_\_

### SECTION III - RETURN ADDRESS AND SIGNATURE

#### 1. REQUESTER IS:

Military service member or veteran identified in Section I, above

Legal guardian (must submit copy of court appointment)

Next of kin of deceased veteran \_\_\_\_\_  
(relation)

Other (specify) \_\_\_\_\_

#### 2. SEND INFORMATION/DOCUMENTS TO:

(Please print or type. See item 3 on accompanying instructions.)

**3. AUTHORIZATION SIGNATURE REQUIRED** (See item 2 on accompanying instructions.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct.

Name \_\_\_\_\_

Signature (Please do not print.) \_\_\_\_\_

Street \_\_\_\_\_ Apt. \_\_\_\_\_

Date of this request \_\_\_\_\_ Daytime phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email address \_\_\_\_\_

## LOCATION OF MILITARY RECORDS

The various categories of military service records are described in the chart below. For each category there is a code number which indicates the address at the bottom of the page to which this request should be sent. Please refer to the Instruction and Information Sheet accompanying this form as needed.

BRANCH	CURRENT STATUS OF SERVICE MEMBER	ADDRESS CODE	
		Personnel Record	Health Record
AIR FORCE	Discharged, deceased, or retired before 5/1/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 9/30/2004	14	11
	Discharged, deceased, or retired on or after 10/1/2004	1	11
	Active (including National Guard on active duty in the Air Force), TDRL, or general officers retired with pay	1	
	Reserve, retired reserve in nonpay status, current National Guard officers not on active duty in the Air Force, or National Guard released from active duty in the Air Force	2	
	Current National Guard enlisted not on active duty in the Air Force	13	
COAST GUARD	Discharge, deceased, or retired before 1/1/1898	6	
	Discharged, deceased, or retired 1/1/1898 – 3/31/1998	14	14
	Discharged, deceased, or retired on or after 4/1/1998	14	11
	Active, reserve, or TDRL	3	
MARINE CORPS	Discharged, deceased, or retired before 1/1/1905	6	
	Discharged, deceased, or retired 1/1/1905 – 4/30/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 12/31/1998	14	11
	Discharged, deceased, or retired on or after 1/1/1999	4	11
	Individual Ready Reserve or Fleet Marine Corps Reserve	5	
	Active, Selected Marine Corps Reserve, TDRL	4	
ARMY	Discharged, deceased, or retired before 11/1/1912 (enlisted) or before 7/1/1917 (officer)	6	
	Discharged, deceased, or retired 11/1/1912 – 10/15/1992 (enlisted) or 7/1/1917 – 10/15/1992 (officer)	14	14
	Discharged, deceased, or retired 10/16/1992 – 9/30/2002	14	11
	Discharged, deceased, or retired on or after 10/1/2002	7	11
	Reserve; or active duty records of current National Guard members who performed service in the U.S. Army before 7/1/1972	7	
	Active enlisted (including National Guard on active duty in the U.S. Army) or TDRL enlisted	9	
	Active officers (including National Guard on active duty in the U.S. Army) or TDRL officers	8	
	Current National Guard enlisted not on active duty in Army (including records of Army active duty performed after 6/30/1972)	13	
	Current National Guard officers not on active duty in Army (including records of Army active duty performed after 6/30/1972)	12	
NAVY	Discharged, deceased, or retired before 1/1/1886 (enlisted) or before 1/1/1903 (officer)	6	
	Discharged, deceased, or retired 1/1/1886 – 1/30/1994 (enlisted) or 1/1/1903 – 1/30/1994 (officer)	14	14
	Discharged, deceased, or retired 1/31/1994 – 12/31/1994	14	11
	Discharged, deceased, or retired on or after 1/1/1995	10	11
	Active, reserve, or TDRL	10	
PHS	Public Health Service - Commissioned Corps officers only	15	

### ADDRESS LIST OF CUSTODIANS (BY CODE NUMBERS SHOWN ABOVE) – Where to write/send this form

1	Air Force Personnel Center HQ AFPC/DPSRP 550 C Street West, Suite 19 Randolph AFB, TX 78150-4721	6	National Archives & Records Administration Old Military and Civil Records (NWCTB-Military) Textual Services Division 700 Pennsylvania Ave., N.W. Washington, DC 20408-0001	11	Department of Veterans Affairs Records Management Center P.O. Box 5020 St. Louis, MO 63115-5020
2	Air Reserve Personnel Center /DSMR HQ ARPC/DPSSA/B 6760 E. Irvington Place, Suite 4600 Denver, CO 80280-4600	7	U.S. Army Human Resources Command ATTN: AHRC-PAV-V 1 Reserve Way St. Louis, MO 63132-5200	12	Army National Guard Readiness Center NGB-ARP 111 S. George Mason Dr. Arlington, VA 22204-1382
3	Commander, CGPC-adm-3 USCG Personnel Command 4200 Wilson Blvd., Suite 1100 Arlington, VA 22203-1804	8	U.S. Army Human Resources Command ATTN: AHRC-MSR 200 Stovall Street Alexandria, VA 22332-0444	13	The Adjutant General (of the appropriate state, DC, or Puerto Rico)
4	Headquarters U.S. Marine Corps Personnel Management Support Branch (MMSB-10) 2008 Elliot Road Quantico, VA 22134-5030	9	Commander USAEREC ATTN: PCRE-F 8899 E. 56th St. Indianapolis, IN 46249-5301	14	National Personnel Records Center (Military Personnel Records) 9700 Page Ave. St. Louis, MO 63132-5100
5	Marine Corps Reserve Support Command (Code MMI) 15303 Andrews Road Kansas City, MO 64147-1207	10	Navy Personnel Command (PERS-313C1) 5720 Integrity Drive Millington, TN 38055-3130	15	Division of Commissioned Corps Officer Support ATTN: Records Officer 1101 Wootton Parkway, Plaza Level, Suite 100 Rockville, MD 20852



# Arizona Peace Officer Standards and Training Board



## STATEMENT OF PERSONAL HISTORY AND APPLICATION FOR CERTIFICATION

### I. TO THE APPLICANT

Certification by the Arizona Peace Officer Standards and Training Board is required by state law, A.R.S. §41-1823.B, prior to a person being authorized to act in the capacity of a peace officer. To be considered for certification under the rules of AZ POST, you must complete this application and **RETURN IT TO THE DEPARTMENT TO WHICH YOU ARE APPLYING**.

### II. A FALSE OR MISLEADING STATEMENT ON THIS FORM IS A CRIME UNDER §13-2704, §13-2907.01 AND §39-161 AND IS CAUSE TO DENY OR REVOKE PEACE OFFICER CERTIFICATION.

The existence of any of the following conditions may result in rejection from the selection process. These areas will be explored extensively during a background investigation including a polygraph examination:

- a. Illegal drug use,
- b. Participation in criminal activity or behavior,
- c. Poor driving record,
- d. Dishonesty/providing false information.

### III. PUBLIC DISCLOSURE OF INFORMATION

Your Social Security Number is required by A.R.S. §25-320 and is requested for identification and record keeping purposes. AZ POST does not disclose Social Security Numbers in response to public record requests.

### IV. INSTRUCTIONS

Read every question carefully. Answer every question. If the question does not apply to you, write "DNA" in the answer space. **Do not leave blank answer spaces.** Please print clearly. When using the continuation sheet, please note the question number you are referring to. Applications that are incomplete or cannot be read will not be accepted.

### V. PEACE OFFICER CODE OF ETHICS

I will exercise self-restraint and be constantly mindful of the welfare of others. I will be exemplary in obeying the laws of the land and loyal to the state of Arizona and my agency and its objectives and regulations. Whatever I see or hear of a confidential nature or that is confided to me in my official capacity will be kept secure unless revelation is necessary in the performance of my duty.

I will never take selfish advantage of my position and will not allow my personal feelings, animosities or friendships to influence my actions or decisions. I will exercise the authority of my office to the best of my ability, with courtesy and vigilance, and without favor, malice, ill will, or compromise. I am a servant of the people and I recognize my position as a symbol of public faith. I accept it as a public trust to be held so long as I am true to the law and serve the people of Arizona.

#### CERTIFICATION:

I hereby certify that I have read the above Code of Ethics and agree to abide by it.

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_



# Arizona Peace Officer Standards and Training Board



## AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, **DO HEREBY AUTHORIZE** any and all persons, employers, partnerships, corporations and all civilian and government entities, military agencies, law enforcement agencies, private, and city, county, state and federal entities to release, furnish and exchange any and all available information relating to me for the purpose of determining my suitability to be appointed and certified as a peace officer. This includes, but is not limited to, all information related to my employment, performance, disciplinary history, character, integrity, reputation, conduct, behavior and fitness for duty.

This authorizes release to the **ARIZONA PEACE OFFICER STANDARDS AND TRAINING BOARD** and the (agency) \_\_\_\_\_. This release is in addition to, and not intended to curtail or diminish, the authorization and immunity provided by statute. **I DO HEREBY RELEASE** from any and all liability, all persons or entities disclosing information pursuant to this release.

**Signature of Applicant:**

**Date:**

**Sworn and Subscribed To Before Me This** \_\_\_\_\_ **Day of** \_\_\_\_\_, \_\_\_\_\_

**By:**

**State of:**

**County of:**

**Signature of Notary Public:**



# Arizona Peace Officer Standards and Training Board



## STATEMENT OF PERSONAL HISTORY AND APPLICATION FOR CERTIFICATION

**ARIZONA ADMINISTRATIVE CODE R13-4-106:** A person who seeks to be appointed shall complete and submit to the appointing agency a personal history statement on a form prescribed by the Board before the start of a background investigation. The history statement shall contain answers to questions that aid in determining whether the person is eligible for certified status as a peace officer. The questions shall concern whether the person meets the minimum requirements for appointment, has engaged in conduct or a pattern of conduct that would jeopardize the public trust in the law enforcement profession and is of good moral character.

**INSTRUCTIONS:** Print or type all answers. Read every question carefully and answer every question. **DO NOT LEAVE BLANK SPACES.** If the question does not apply to you, print or type "DNA" in that answer block. Incomplete or unsigned statements cannot be processed. If additional space is required, use the Continuation Sheet. Also, use this sheet to expound or explain your answer. All information provided is subject to verification. Information on this form may constitute a "public record or other matter" requiring public disclosure under Arizona's Public Records Law, A.R.S. §39-121 *et seq.*

1. **Name** (Last, First, Middle):

2. **Address:**

3. **City:**

4. **State/Zip Code:**

5. **Date of Birth** (Month/Day/Year):

6. **Place of Birth** (City, State):

7. **Social Security Number:**

8. **List here any other names, DOB's or SSN's you have used:**

9. **Current Marital Status:**

10. **Spouse's Name Before Marriage:**

11. **Home Telephone Number:**

12. **Work Telephone Number:**

13. **Cell/Mobile Number:**

14. **Are you a citizen of the United States?** YES ☒ NO ☒ PLEASE ATTACH COPY OF BIRTH CERTIFICATE OR OTHER VERIFICATION OF CITIZENSHIP.

15. **Do you have** (Check One) ☒ G.E.D. Certificate ☒ High School Diploma  
Please attach a copy of one of the above.

16. **When and where did you receive it?**

17. **MILITARY SERVICE:** YES ☒ NO ☒ If YES attach the member 4 copy of the DD 214 and continue with this section. If NO skip to #18.

Branch of Service: \_\_\_\_\_

Honorable Discharge: YES ☒ NO ☒ \_\_\_\_\_

If NO list type of discharge/separation and explain on the Continuation Sheet.

Date Entered: \_\_\_\_\_

Date Separated: \_\_\_\_\_

Were you ever arrested, cited or apprehended by military police?

YES ☒ NO ☒ If YES explain on the Continuation Sheet.

Are you currently a member of a U.S. Reserve or National Guard Unit?

YES ☒ NO ☒ If YES list current assignment:

Were you ever the subject of a report or investigation by military police or other investigative service (i.e., CID, NIS, OSI)?

YES ☒ NO ☒ If YES explain on the Continuation Sheet.

Did you ever receive a court martial or NOon-judicial punishment for a violation of the Uniform Code of Military Justice (UCMJ)? YES ☒ NO ☒  
If YES explain on the Continuation Sheet.

**AGENCY VERIFICATION:**

**INITIALS:**

**DATE:**

**INITIALS:**

U.S. Citizen (Documentation in File)

High School Diploma/GED (Documentation in File)

21 Years of Age

Military Service if applicable (Documentation in File)

18. **PERSONAL REFERENCES:** List at least three people who have known you for over one year, excluding relatives or former employers, who can answer questions concerning your past conduct and character as it applies to your meeting the minimum standards for appointment.

Name	Street Address, City, State, Zip Code	Home Telephone No.	Work Telephone No.	Years Known

19. **EXCLUDING FAMILY MEMBERS, LIST ALL PERSONS YOU HAVE LIVED WITH DURING THE PAST FIVE YEARS.** Use the Continuation Sheet if necessary.

Name	Street Address, City, State, Zip Code	Home Telephone No.	Relationship

20. **FAMILY REFERENCES:** List all immediate relatives, (i.e., parents, siblings, spouse, ex-spouse(s) and all children). Use the Continuation Sheet if necessary.

Name	Relationship	Age	Street Address, City, State, Zip code	Telephone No.

AGENCY VERIFICATION:

INITIALS:

DATE:

INITIALS:

Personal References Contacted and Results Documented

Residences and Family References Listed

21. **EMPLOYMENT HISTORY:** Show all employment beginning with most recent employer. Use the Continuation Sheet if necessary.

Dates of Employment		Name and Address of Employer (Street, City, State)	Supervisor's Name and Phone Number	Job Title/Duties	Reason for Leaving
From	To				

22. **LIST ALL COLLEGES OR UNIVERSITIES YOU HAVE ATTENDED** Beginning with the most recent:

School	Dates Attended	Course of Study	Degree Received or Total Credit Hours

23. **RESIDENCES:** List all residences during the past five years. Use the Continuation Sheet if necessary.

From	To	Street Address	City	State/County

AGENCY VERIFICATION:		INITIALS:	DATE:	INITIALS:
Employment Verified and Results Documented			Certificates or Degrees, Documentation in File	
Residences Verified and Results Documented in File				



24. **POLICE CONTACTS:** List all incidents in which you were cited, arrested, accused or charged with a crime other than traffic violations. Include incidents that occurred as a juvenile, any that were expunged, set aside, dismissed, referred to pre-trial diversion or pardoned. Provide a full explanation on the Continuation Sheet.

Date	Location	Police Agency	Original Charge	Disposition/Court Action

25. **CIVIL ACTIONS** List all civil actions in which you were a party, (i.e., divorces, bankruptcy, small claims court, lawsuits etc.):

Date	Location	Action or Proceeding	Disposition/Court Action

26. **CURRENT DRIVER'S LICENSE:**

State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

License Number: \_\_\_\_\_

27. **PREVIOUS DRIVER'S LICENSE INFORMATION**

List all states/countries where you have been licensed:

28. **HAVE YOU EVER HAD YOUR DRIVER'S LICENSE REVOKED OR SUSPENDED?**

YES ☐ NO ☐

If YES provide a full explanation on the Continuation Sheet.

29. **MOTOR VEHICLE OPERATION** List all moving violations for which you were cited. Use the Continuation Sheet if necessary:

Date	Location and Issuing Agency	Violation Charged	Collision Related	Court Disposition
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	

**AGENCY VERIFICATION:**

**INITIALS:**

**DATE:**

**INITIALS:**

Police Contacts Queried and Results Documented in Files

Civil Actions Queried and Results Documented in Files

Motor Vehicle Records Queried and Results Documented in File

<b>30. ILLEGAL USE OF DRUGS/CONTROLLED SUBSTANCES:</b>						
TYPE OF DRUG	HAVE YOU EVER SOLD, SMUGGLED OR TRANSPORTED FOR SALE OR PERSONAL GAIN?	HAVE YOU EVER USED, TRIED OR EXPERIMENTED WITH?	IF YES HOW MANY TIMES?	HOW MANY TIMES AFTER AGE 21?	DATE FIRST USED	DATE LAST USED
MARIJUANA	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
COCAINE/CRACK	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
METHAMPHETAMINE/SPEED	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
HEROIN	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
OPIUM	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
MORPHINE	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
LSD/ACID	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
PEYOTE	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
MESCALINE	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
HASHISH	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
STERIODS	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
ANY OTHER ILLEGAL DRUG OR NARCOTIC	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
ILLEGAL USE OF PRESCRIPTION DRUGS	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
<p>31. IF YOU ANSWERED YES ON ANY OF THE AREAS IN QUESTION #30, <b>PROVIDE A FULL EXPLANATION ON THE CONTINUATION SHEET.</b> INCLUDE, IF APPLICABLE, THE FOLLOWING:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>a. How the drug was ingested or consumed,</p> <p>b. The duration of usage,</p> <p>c. The motivation for use,</p> </div> <div style="width: 45%;"> <p>d. How the drug was obtained,</p> <p>e. Why you stopped using the drug,</p> <p>f. Any other factors you believe are relevant.</p> </div> </div>						
<p>32. <b>CRIMINAL CONDUCT:</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> <p>a. Have you ever <u>committed</u> a felony or an offense which would be a felony if committed in this state? If YES provide a full explanation on the Continuation Sheet.</p> <p>b. Have you ever committed a criminal offense involving dishonesty, theft, unlawful sexual conduct or physical violence?</p> </div> <div style="width: 15%; text-align: center;"> <p>YES <input type="checkbox"/></p> <p>YES <input type="checkbox"/></p> </div> <div style="width: 15%; text-align: center;"> <p>NO <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> </div> </div>						
<p>33. Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted or shows a policy of advocating the commission of force or violence to deny other persons their rights under the Constitution of the United States of America or the state of Arizona, or which seeks to alter the form of government of the United States of America by unconstitutional means? If YES provide a full explanation on the Continuation Sheet.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"></div> <div style="width: 15%; text-align: center;"> <p>YES <input type="checkbox"/></p> </div> <div style="width: 15%; text-align: center;"> <p>NO <input type="checkbox"/></p> </div> </div>						
<p>34. Do you have any knowledge or information, in addition to that specifically required in this questionnaire, which is or may be relevant, directly or indirectly, to an investigation of your eligibility or fitness for the position you are seeking? This includes, but is not limited to: character traits, temperance habits, employment, education, subversive activities, family, associations or traffic violations? If YES provide a full explanation on the Continuation Sheet.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"></div> <div style="width: 15%; text-align: center;"> <p>YES <input type="checkbox"/></p> </div> <div style="width: 15%; text-align: center;"> <p>NO <input type="checkbox"/></p> </div> </div>						
<b>AGENCY VERIFICATION:</b>		<b>INITIALS:</b>	<b>DATE:</b>		<b>INITIALS:</b>	
Applicant Meets Drug Standards/Does Not Meet Standards    Yes    No			ACIC/ACCH Checked			
Criminal History Check Completed and Documentation in File			NCIC/III Checked			

35. Do you have prior peace officer certification/employment in Arizona or any other states?				YES <b>G</b>	NO <b>G</b>
If YES provide the following information:  Name of Agency	Dates of Employment		City	State	
	From	To			

a. If prior Arizona certified, attach verification of most current AZ POST continuing and proficiency training and firearms qualifications.		
b. Has your peace officer certification been revoked, suspended, canceled or denied for any reason? If YES provide a full explanation on the Continuation Sheet.		
YES <b>G</b>		NO <b>G</b>
c. Have you, while on duty as a peace officer and without authorization, used or been under the influence of spirituous liquor? If YES provide a full explanation on the Continuation Sheet.		
YES <b>G</b>		NO <b>G</b>
d. Have you received discipline for any improper conduct as a peace officer. If YES provide a full explanation on the Continuation Sheet. Discipline: Letter of reprimand/counseling, suspension, termination or demotion.		
YES <b>G</b>		NO <b>G</b>

36. Have you applied with any other law enforcement agencies in the past three years?			YES <b>G</b>	NO <b>G</b>
If YES provide the following information: Name of Agency	Date of Application	Was Polygraph Taken?		
		YES <b>G</b>	NO <b>G</b>	
		YES <b>G</b>	NO <b>G</b>	
		YES <b>G</b>	NO <b>G</b>	
		YES <b>G</b>	NO <b>G</b>	
		YES <b>G</b>	NO <b>G</b>	

**37. CERTIFICATION:**

I hereby certify under penalty of law that the entries on this statement and the attached Continuation Sheet are true, complete and correct to the best of my knowledge and belief. These entries are made in good faith. I understand that a false or misleading statement on this form constitutes a violation of the law and is cause to deny, suspend or revoke peace officer certification.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

AGENCY VERIFICATION:	INITIALS:	DATE:	INITIALS:
Previous Agencies Applied To Queried and Results Documented		Certification History Verified and Results Documented in File	
Training and Firearms Requirements Documentation in File		Valid Certification Verified and Documentation in File	
Improper Conduct Researched and Documentation in File		Fingerprint Card Submitted - AZ DPS	
Signature and Date Completed		Fingerprint Card Submitted - FBI	



## AGENCY VERIFICATION OF APPLICANTS QUALIFICATIONS AND DOCUMENTATION

Page 1	Code of Ethics read, signed and dated. <span style="float: right;">(Please initial)</span>	
Page 2	Authorization for Release of Information fully completed and notarized.	
Page 3	Agency Verification completed and results documented in file.	
Page 4	Agency Verification completed and results documented in file.	
Page 5	Agency Verification completed and results documented in file.	
Page 6	Agency Verification completed and results documented in file.	
Page 7	Agency Verification completed and results documented in file.	
Page 8	Agency Verification completed and results documented in file.	
Applicant meets minimum qualifications and documentation is complete and in file.		
Applicant does not meet minimum qualifications. <span style="float: right;"><b>Application Process Terminated</b></span>		
<b>Reason for Disqualification:</b>		
Medical Examination completed and in file and applicant meets standards.		
Medical Examination completed and in file and applicant does not meet standards.		
ME and MH forms properly completed and in file.		
F.B.I./D.P.S. record checks completed and in file and no record found.		
F.B.I./D.P.S. record checks completed and in file and reflects arrest record.		
F.B.I./D.P.S. Fingerprint check has been submitted, no return yet.		
NCIC/III/ACIC/ACCH records check completed and in file and no record found.		
NCIC/III/ACIC/ACCH records check completed and in file and record found.		
Polygraph completed and report in file and applicant passed.		
Polygraph completed and report in file and applicant failed.		
Applicant meets all requirements and may be employed.		
Applicant does not meet all requirements. <span style="float: right;"><b>Application Process Terminated</b></span>		
<b>Reason for Disqualification:</b>		
<b>AGENCY CERTIFICATION:</b>		
<p>I hereby certify that I have reviewed this application for completeness and the required documentation in accordance with R13-4-106(C)(7) and hereby attest that this person meets minimum qualifications for appointment, has not engaged in conduct or a pattern of conduct that would jeopardize public trust in the law enforcement profession, is of good moral character and have completed this report to document that finding.</p>		
<b>NAME OF REVIEWER:</b> _____ <b>TITLE:</b> _____ <div style="text-align: center;">(Printed)</div>		
<b>SIGNATURE OF REVIEWER:</b> _____ <b>DATE:</b> _____		

## **AUTOMATIC DISQUALIFYING CONDITIONS**

The following will serve as a guide to automatic disqualifying conditions as outlined by the Arizona Peace Officer Standards and Training Board and the Lake Havasu City Police Department and is not necessarily representative of all disqualifying conditions:

1. Been convicted of a felony or any other offense that would be a felony if committed in Arizona.
2. Illegally Used Marijuana
  - a. Used marijuana other than for experimentation
  - b. Produced, cultivated, or transported marijuana for sale, or
  - c. Used marijuana while employed or appointed as a peace officer
3. Illegally used other dangerous drugs or narcotics
  - a. Used such drugs other than for experimentation
  - b. Sold, produced cultivated or transported for sale any such drugs, or
  - c. Used such drugs while employed or appointed as a peace officer
4. Been dishonorably discharged from the United States Armed Forces
5. Had a pattern of abusing prescription medication
6. Had excessive traffic violations within the past three years
7. Been previously employed as a law enforcement agent and since committed or violated federal, state or city laws pertaining to criminal activity
8. The person shall not have been previously denied certification status, revoked, or have his current certified status under suspension
9. Lied during any stage of the hiring process
10. Falsified his or her questionnaire or application
11. Refused to submit to drug/alcohol screening or failure to successfully pass the drug/alcohol screening process

## **DISCRETIONARY DISQUALIFYING CONDITIONS**

The following disqualifiers may make you ineligible to become a Lake Havasu City Police Officer/Trainee:

1. A physical or mental disability that would substantially impair an individual's ability to perform the essential functions of a Police Officer/Trainee
2. Current alcohol mis-use and/or abuse
3. Unlawful sexual conduct
4. Excessive traffic violations
5. Commission of a felony
6. Any discharge from the U.S. Armed Forces other than honorable discharge
7. A demonstrated unwillingness to honor fiscal contracts or just debts
8. Any other conduct or pattern of conduct that would tend to disrupt, diminish or otherwise jeopardize the public trust in the law enforcement profession.

## **RETAIN FOR YOUR RECORDS**

## POLICE OFFICER/TRAINEE EXAMINATION PROCESS

1. Applications will be reviewed for the stated requirements, education and related training and experience. Invitations will be mailed to those invited to the examination if time allows otherwise applicants will be notified by phone. Qualified applicants proceeding through the examination process will be notified by mail, telephone or in person as needed.
2. WRITTEN EXAMINATION
  - a. Writing Exercise: Consists of writing an essay on a subject announced at the test. You have 30 minutes to complete.
  - b. Written Test: Consists of two parts, a study guide and 100 multiple choice questions. A study guide along with designated study time will be provided **just prior** to the administration of the written exam. Study guides will **not** be distributed prior to test.
3. PHYSICAL APTITUDE TEST

Administered by AZPOST Certified Physical Fitness Instructors. The test is based on entry level requirements for Police Officer and consists of the following five (5) tests:

  - a. 99 Yard Obstacle Course: Run a 99 yard obstacle course consisting of several sharp turns, a number of curb height obstacles, and a 34 inch high obstacle that must be vaulted.
  - b. Body Drag: Lift and drag a 165 pound lifelike dummy 32 feet.
  - c. Chain Link Fence: Run 5 yards to a 6 foot chain link fence, climb over, and continue running another 25 yards.
  - d. Solid Fence Climb: Run 5 yards to a 6 foot solid fence, climb over, and continue running another 25 yards.
  - e. 500 Yard Run: Run 500 yards (equivalent of 1 lap plus 60 yards of a standard running track)

A minimum of 384 points must be obtained to demonstrate sufficient physical ability to perform as a Police Officer/Trainee. All tests are timed. Scores are calculated on actual completion times of each of the five events.
4. Psychological Examination
5. Experience & Training Evaluation/Oral Board Interview: Consists of a panel to review applications and supporting documents for accuracy, completeness, experience and training with the applicant present.
6. Extensive Background Investigation
7. Polygraph Examination
8. Medical Examination/Drug Screen

**RETAIN FOR YOUR RECORDS**